The second contribution takes up the question from the human standpoint. The authors try to show the effect of fever upon the ganglion cells In six cases, in which the fever varied from 37° to 39.9° C., the cords were studied by means of the Nissl methods. They found that numbers of the cells of the anterior horns were enlarged, and that they stained less readily. There was marked chromatolysis throughout. The granules of the protoplasmic processes were absent also. The nucleus remained in the centre of the cell and showed no marked deviations from the normal. All levels of the cord were affected, the cells of the anterior and posterior horns as well as those of Clarke's columns.

JELLIFFE.

116. Lesions in Hereditary Chorea. Dr. Lannois (Medical Week, August 13th, 1897).

At the French Congress of Alienists and Neurologists the author reported post-mortem examinations of two female patients suffering with hereditary chorea. In both there was pachymeningitis, recent hæmatoma, and very marked atrophy of the brain. Under the microscope the lesion appeared to consist very distinctly of an infiltration of small round cells made up almost exclusively of a large nucleus, found in small numbers in the area of polygonal cells, increased in the area of small pyramidal cells, and reaching its full development in the area of large pyramidal cells. These round cells were also met with in the subjacent white substance. They were mostly arranged in groups around the pyramidal cell, invading its lymphatic space, or around the vessels, and inside or around the peri-vascular sheath. The spinal cord appeared also to be slightly diseased in the descending columns, in the centro-lateral regions, and in the direct cerebellar tract. The author considers that the motor as well as the mental disturbances of such cases are fully accounted for by irritation of the neurons from the invasion of the nuclei into the pericellular sheaths

MITCHELL.

117. Beiträge zur Lehre vom Wesen der Huntingtonschen Chorea (Contributions to the Study of Huntington's Chorea). F. C. Facklam (Archiv. f. Psychiatrie, 30, 1898, p. 137).

The present dissertation is a careful and extensive contribution to our knowledge of Huntington's Chorea, both from the clinical and pathological standpoints.

The author gives a historical sketch of the two types of chorea, so-called, and the histories, in extenso, of eight cases of Huntington's syndrome.

From the pathological point of view the author is of the opinion that the disease is exclusively confined to the cortex, and that the changes are of the chronic diffuse encephalitis type though differing from the "disseminated" type of Oppenheim, or the "diffuse encephalitis" described by Kalischer. The author sums up with a brief discussion of the differential diagnosis, in which little new appears. He states—

1. That whereas Huntington's chorea is a disease of adults, Sydenham's chorea is found mainly in childhood.

2. Huntington's chorea almost invariably shows an hereditary history, whereas according to the greater number of the more recent investigators, chorea minor is to be looked at in the light of an infectious disease.

3. Huntington's chorea is invariably a chronic affection and noncurable, whereas chorea minor is acute and readily curable, the subacute or chronic cases usually recovering.

4. The main point of distinction is to be seen in the mental symptoms. Huntington's chorea being markedly chronic leads to mental deterioration and ultimately to dementia, whereas the psychical changes in chorea minor are rarely marked.

The feature in common, that of the choreic movements, is one in name more than in fact, for the movements are essentially different. The motions in Huntington's chorea being, as a rule, slow and less active than in chorea minor, although both have a like place of origin, the cerebral cortex.

Huntington's chorea is to be regarded as an individual disease, distinct and independent of Sydenham's chorea.

Most of which statements are found in American text books.

The article is concluded by a fairly complete bibliography and is illustrated by one lithographic plate, showing the changes in the blood vessels and lymphatics. JELLIFFE.

CLINICAL NEUROLOGY.

118. DE LA CHORÉE VARIABLE OU POLYMORPHE (Variable or Polymorphous Chorea). G. Patry (Gaz. hebd. de med. et chir., 2, 1897, p. 105).

Expanding the observations and following the plan of Brissaud, the author in his thesis (Paris, 1897), endeavors to differentiate a form of chorea to which he gives the above name. The special definition is as follows: "It is a chorea which has neither uniformity in its actual symptoms, regularity in its evolution, nor constancy in its duration. It goes and comes alternately, increases and diminishes, ceases suddenly, and begins again with equal suddenness, to disappear once more. The movements are sometimes sharp, and sometimes slow, and without any preponderating localization. It is more common in the degenerate type of individual, that is, in those presenting the physical stigmata of degeneration, and whose psychical equilibrium may, therefore, be said to be unstable. It occurs at an age somewhat greater than that at which ordinary chorea appears, being more commonly observed after puberty."

After a discussion of etiology and pathogeny, he goes on with his observations on the symptomatology; as it occurs in degenerates, the usual psychical lack of development or inequality of development is found. The ordinary signs of unstable nervous and mental condition were present in many of his cases—hysteria, epilepsy, hallucinations. All the patients complain of vague pains of varying situation and degree, not unlike those common in neurasthenic cases. The movements, sometimes large, sometimes small, vary in amplitude and frequency of occurrence from one minute to the next, and from one day to the next.

They changed their locality as well as their intensity, become general or limited, or even disappear without a hint of any reason for the changes. The final capital symptom is the very decided inhibitory influence which patients can exercise over the movements.

As may be supposed from these statements, the disease is of indeterminate duration, and the tendency to disappear, and the tendency to relapse make prognosis very uncertain. The treatment he considers purely moral, that is to say, he endeavors to point out to patients the possibility of control, and the undesirability of making a spectacle of themselves, and thus encourages them to use the undoubted power of inhibiting the movements which he has observed. MITCHELL.